



| ORIGIN (POSTAL USE ONLY) | | | |
|--|---|---|---------------|
| PO ZIP Code 14128 | Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Second | Flat Rate Envelope <input type="checkbox"/> | |
| Date In 10/24/03 | Mo. Day Year Mo. Day Year | Postage \$ 17.85 | |
| Time In 11:00 | Military <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | Return Receipt Fee <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | |
| Weight 1.0 lbs. | Int'l Alpha Country Code | COD Fee | Insurance Fee |
| No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday | Acceptance Clerk Initials A | Total Postage & Fees \$ 17.85 | |

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No. 1940154

DELIVERY (POSTAL USE ONLY)

| | | |
|------------------|---|---------------------------------------|
| Delivery Attempt | Time | Employee Signature |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | AIRPORT BR 541-2081 2003 NVS |
| Delivery Attempt | Time | |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | |
| Delivery Date | Time | |
| Mo. Day | <input type="checkbox"/> AM <input type="checkbox"/> PM | |

WAIVER OF SIGNATURE (Domestic Only) Additional merchandise insurance is waived if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent. If delivery employee judges that article can be left in secure location, add and authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY Weekend Holiday

Customer Signature

Federal Agency Acct. No. or
Postal Service Acct. No.

FROM: (PLEASE PRINT)

PHONE ()

FEINICK & WEST LLP
801 CALIFORNIA ST
MOUNTAIN VIEW CA 94041-1270
Amir H. Raubvogel / clm
32021-08054
June 27, 2003

TO: (PLEASE PRINT)

PHONE ()

MAIL STOP PATENT APPLICATION
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA VA 22313-1450

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